Health Related Boards Name and Address Change Request

You are required to notify the board within thirty (30) days of changing your name and/or address. If you are changing your name, you must submit a copy of the legal document that changes your name (i.e. marriage certificate, divorce decree or court order). Licensee’s mailing and practice addresses are available to the public. There are several ways to change your name and/or address:

1. Print, complete, and mail the form to: Board of (specify the name of your board)  
   665 Mainstream Drive  
   Nashville, TN  37243

2. Using the form as your guide, e-mail the information to us at tn.health@tn.gov or the below email address for your profession.

3. You can change your address online at https://apps.tn.gov/hlrs-app/loginProfessional.jsp. You cannot change your name online.

4. Print, complete, and fax or email the form to the fax number or email that applies to your profession:

   **615-741-7899 or Nursing.Health@tn.gov for:**  
   Registered Nurse First Assistant  
   Licensed Practical Nurse  
   Medication Aides

   **615-253-4484 or Medical.Health@tn.gov for:**  
   Acupuncture  
   Medical X-Ray Operator  
   Physician Assistant
   ADS  
   Midwifery  
   Polysomnography
   Clinical Perfusionist  
   Orthopedic Physicians Assistant  
   Radiology Assistant
   Genetic Counselor  
   Osteopathic Physician
   Medical Doctor  
   Osteopathic X-Ray Operator

   **615-532-5369 or Unit1HRB.Health@tn.gov for:**  
   Advanced Practice Social Worker  
   Hearing Instrument - Apprentice  
   Prosthetist
   Alcohol and Drug Abuse Counselor  
   Licensed Marital and Family Therapists  
   Psychologist
   Audiologist  
   Licensed Masters Social Worker  
   Psychological Examiner
   Baccalaureate Social Worker  
   Licensed Professional Counselors  
   Psychological Assistant
   Certified Marital and Family Therapist  
   Orthotist  
   Speech Language Pathologist
   Certified Professional Counselor  
   Pedorthist  
   Speech Pathologist Assistant
   Clinical Pastoral Therapist  
   Podiatrist
   Hearing Instrument Specialists  
   Podiatric X-Ray Operator

   **615-401-7682 or Unit2HRB.Health@tn.gov or Massage.Health@tn.gov for:**  
   Athletic Trainer  
   Massage Therapist  
   Physical Therapy Assistant
   Chiropractic Physician  
   Occupational Therapist  
   Reflexologist
   Chiropractic Therapy Assistant  
   Occupational Therapy Assistant
   Chiropractic X-Ray Technologist  
   Physical Therapist

   **615-770-7444 or dental.health@tn.gov for:**  
   Dental Hygienist  
   Dentist

   **615-532-5164 or Unit3HRB.Health@tn.gov or Veterinary.Health@tn.gov for:**  
   Certified Animal Chemical Capture Tech  
   Dispensing Optician Apprentice  
   Nursing Home Administrator
   Certified Animal Euthanasia Technician  
   Electrologist  
   Optometrist
   Certified Respiratory Care Assistant  
   Electrology School  
   Veterinarian
   Dietitians and Nutritionist  
   Licensed Certified Respiratory Therapist  
   Veterinary Medical Technician
   Dispensing Optician  
   Licensed Registered Respiratory Therapist

   **615-741-2722 or Pharmacy.Health@tn.gov for:**  
   Pharmacy Technician  
   Medical Service Representative

   **615-248-3601 or Nurseaid.Health@tn.gov for:**  
   Certified Nurse Aide

   **615-253-8724 or Medlabs.Health@tn.gov for:**  
   Medical Laboratory Personnel
Select the profession/occupation for which you hold a license, certificate, or registration. NOTE: Submit a separate form for each license, certificate or registration that you hold.

- Acupuncture
- ADS
- Advanced Practice Nurse
- Advanced Practice Social Worker
- Alcohol & Drug Abuse Counselor
- Assistant Behavior Analyst
- Athletic Trainer
- Audiologist
- Baccalaureate Social Worker
- Behavior Analyst
- Certified Animal Chemical Capture Technician
- Certified Animal Euthanasia Technician
- Certified Martial & Family Therapist
- Certified Nurse Aide
- Certified Professional Counselor
- Certified Respiratory Care Assistant
- Chiropractic Physician
- Chiropractic Therapy Assistant
- Chiropractic X-Ray Technologist
- Clinical Perfusionist
- Clinical Pastoral Therapist
- Dental Assistant
- Dental Hygienist
- Dentist
- Dietitian/Nutritionists
- Dispensing Optician
- Dispensing Optician-Apprentice
- Electrologist
- Electrology School
- Genetic Counselors
- Hearing Aid Specialist
- Hearing Aid Specialist-Apprentice
- Licensed Clinical Social Worker
- Licensed Marital & Family Therapist
- Licensed Masters Social Worker
- Licensed Practical Nurse
- Licensed Professional Counselor
- Licensed Registered Respiratory Therapist
- Licensed Certified Respiratory Therapist
- Medical Doctor
- Medical Laboratory Personnel
- Medical Service Representative
- Medication Aides
- Midwifery
- Nursing Home Administrator
- Occupational Therapist
- Occupational Therapy Assistant
- Optometrist
- Orthopedic Physicians Assistant
- Orthodontist
- Osteopathic Physician
- Pedorthist
- Pharmacist
- Physical Therapist
- Physical Therapist Assistant
- Physician Assistant
- Podiatrist
- Podiatric X-Ray Operator
- Polysomnography
- Prosthetist
- Psychological Assistant
- Psychological Examiners
- Psychologist
- Radiology Assistants
- Reflexologist
- Registered Nurse
- Registered Nurse First Assistant
- Speech Language Pathologist
- Speech Pathologist Assistant
- Veterinarian
- Veterinary Medical Technician
- Other (specify)

[PRINT OR TYPE ALL INFORMATION]  SSN: __________________________ License, Certificate or Registration #: __________________________

NAME CHANGE - T.C.A. § 63-1-106 - Personal name change requests must be accompanied by a copy of the legal document which verifies the name change (marriage license, divorce decree, court order).

New Name: [First] __________________________________________ [Middle] __________________________ [Last] __________________________

Former Name: [First] __________________________________________ [Middle] __________________________ [Last] __________________________

MAILING ADDRESS CHANGE - T.C.A. § 63-1-108(c) – This will be used as your mailing address for the purpose of board mailings. Board records are public record pursuant to T.C.A. § 10-7-503.

Old Street Address: __________________________________________ City, State, Zip Code: __________________________

New Street Address: __________________________________________ City, State, Zip Code: __________________________

PRACTICE ADDRESS CHANGE – This will be also be used for the purpose of your practitioner profile if you are required to provide a profile.

Old Street Address: __________________________________________ City, State, Zip Code: __________________________

New Practice Name: __________________________________________

New Street Address: __________________________________________ City, State, Zip Code: __________________________

TELEPHONE NUMBER CHANGES:  Home __________________________ Work __________________________

EMAIL ADDRESS CHANGE:

__________________________

Signature

Print Name: __________________________ Date __________________________